California Nonresident or Part-Year Resident Income Tax Return 2008

Short Form

FORM

540NR C1 **Side 1**

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AC
A
R
RP

Filing Status

1 ☐ Single
2 ☐ Married/RDP filing jointly. (see page 3)
4 ☐ Head of household (with qualifying person). (see page 3)
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____.

If your California filing status is different from your federal filing status, check the box here . . . . ● ☐

Residency

☐ State of residence: Yourself_____ Spouse/RDP_____
☐ Dates of California residency: Yourself from _____ to_____ Spouse/RDP from _____ to_____
☐ State or country of domicile: Yourself_____ Spouse/RDP_____

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box (see page 9) . . . . ● **6** ☐

▶ For line 7, line 8, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

Exemptions

7 Personal: If you checked 1 or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box.
If you checked the box on line 6, see page 9 . . . . **7** ☐ X $99 = $_____

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . **8** ☐ X $99 = $_____

10 Dependents: Enter name and relationship. **Do not include yourself or your spouse/RDP.** _____
_____ _____ Total dependent exemptions ● **10** ☐ X $309 = $_____

11 Exemption amount: Add line 7 through line 10. . . . . **11** $_____

Total Taxable Income

12 Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2CG, line 3 . . . . ● **12** _____

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21;
Form 1040EZ, line 4; Form 1040NR, line 35; or Form 1040NR-EZ, line 10 . . . . **13** _____
If the amount on line 13 is more than $100,000, stop here and use Long Form 540NR.

14 Unemployment compensation and military pay adjustment. (see page 9) . . . . ● **14** _____

17 Adjusted gross income from all sources. Subtract line 14 from line 13 . . . . ● **17** _____

18 Standard deduction for your filing status. If you checked the box on line 6, see page 10 . . . . ● **18** _____

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- . . . . **19** _____

20 Tax on the amount shown on line 19 . . . . ● **20** _____

21 CA adjusted gross income. Add wages from line 12 and California taxable interest
(Form 1099, box 1). Military servicemembers see line 14 instructions, page 9 . . . . ● **21** _____

California Taxable Income

22a CA Standard Deduction Percentage. Divide line 21 by line 17. If more than 1, enter 1.0000 . . . . **22a** ___._____

22b CA Prorated Standard Deduction. Multiply line 18 by line 22a . . . . **22b** _____

22c CA Taxable Income. Subtract line 22b from line 21. If less than zero, enter -0- . . . . ● **22c** _____
23 CA Tax Rate. Divide line 20 by line 19 . . . . **23** ___._____
24 CA Tax Before Exemption Credits. Multiply line 22c by line 23 . . . . **24** _____
25 CA Exemption Credit Percentage. Divide line 22c by line 19. If more than 1, enter 1.0000 . . . . **25** ___._____
26 CA Prorated Exemption Credits. Multiply line 11 by line 25 . . . . **26** _____
27 CA Tax Before Credits. Subtract line 26 from line 24. If less than zero, enter -0- . . . . ● **27** _____

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Your name: _____ Your SSN or ITIN: _____

Nonrefundable Renter's Credit / Total Tax	**28** Amount from Side 1, line 27	**28** _____
	35 Nonrefundable renter's credit. (see page 10) .... ●	**35** _____
	42 Total tax. Subtract line 35 from line 28. .... ●	**42** _____
Payments	**43** California income tax withheld (Form(s) W-2, box 17 or CA Sch W-2CG, box 17)............ ●	**43** _____
Overpaid Tax or Tax Due	**54** Overpaid tax. If line 43 is larger than line 42, subtract line 42 from line 43 .... ●	**54** _____
	55 Tax due. If line 43 is less than line 42, subtract line 43 from line 42	**55** _____

Contributions

	Code	Amount		Code	Amount
Alzheimer's Disease/Related Disorders Fund .... ▶	401	00	CA Peace Officer Memorial Foundation Fund. ▶	408	00
CA Fund for Senior Citizens .... ▶	402	00	CA Military Family Relief Fund .... ▶	409	00
Rare and Endangered Species Preservation Program....... ▶	403	00	CA Sea Otter Fund .... ▶	410	00
State Children's Trust Fund for the Prevention of Child Abuse . ▶	404	00	CA Ovarian Cancer Research Fund .... ▶	411	00
CA Breast Cancer Research Fund .... ▶	405	00	Municipal Shelter Spay-Neuter Fund ..... ▶	412	00
CA Firefighters' Memorial Fund......................... ▶	406	00	CA Cancer Research Fund .... ▶	413	00
Emergency Food For Families Fund .... ▶	407	00	ALS/Lou Gehrig's Disease Research Fund . ▶	414	00

68 Add code 401 through code 414. These are your total contributions.......................... ● **68** _____ | 00

Amount You Owe

69 AMOUNT YOU OWE. Add line 55 and line 68. (see page 10) **Do Not Send Cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** .... ● **69** _____
Pay Online – Go to our website at **ftb.ca.gov** and search for **web pay.**

Refund and Direct Deposit

73 REFUND OR NO AMOUNT DUE. Subtract line 68 from line 54.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** .... ● **73** _____

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 10).
Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 73) is authorized for direct deposit into the account shown below:
☐ Checking
☐ Savings
● Routing number   ● Type   ● Account number   ● **74** Direct deposit amount

The remaining amount of my refund (line 73) is authorized for direct deposit into the account shown below:
☐ Checking
☐ Savings
● Routing number   ● Type   ● Account number   ● **75** Direct deposit amount

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint return? (see page 11)

Your signature	Spouse's/RDP's signature (if filing jointly, both must sign)	Daytime phone number (optional) (____) ____
X	X	Date ____
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Paid Preparer's SSN/PTIN ● ____
Firm's name (or yours if self-employed)	Firm's address	FEIN ● ____

Do you want to allow another person to discuss this return with us (see page 11)?............................ ● ☐ Yes ☐ No

Print Third Party Designee's Name   Telephone Number (____)

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